

**MULTIPLE DEPENDENT CLAIM
- FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-475)**

SERIAL NO. **10641725** FILING DATE **8-15-03**
APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓	3	↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	11	←	11	←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	14		14				TOTAL CLAIMS						

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